



12-7-05

**Mail Stop Amendment****TRANSMITTAL  
FORM**

(To be used for all correspondence after initial filing)

Express Mail Label No.: <b>EL 997385120 US</b>		Application Number	10/764,108
		Filing Date	January 23, 2004
		Confirmation Number	7887
		Inventor(s)	NAMEY
		Group Art Unit	1732
Total Number of Pages in This Submission:	13	Examiner	Butler, P.
		Attorney Docket No.	99-21 D1

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input type="checkbox"/> Fee Attached \$ <input type="text"/>	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: <input type="text"/>	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	
<input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Other Enclosure(s): _____	

**Current Due Date:** December 7, 2005 (two months extended)**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	
Date	December 6, 2005

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: December 6, 2005,  
Express Mail Label No. EL 997385120 US.

Typed Name	Michael W. Haas, Reg. No. 35,174
Signature	
Date	December 6, 2005

# FEE TRANSMITTAL

(Effective 12/08/2004)



"Express Mail" Label No. EL 997385120 US

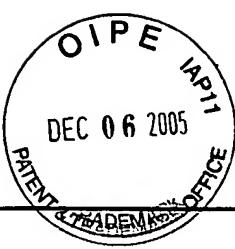
**TOTAL AMOUNT OF PAYMENT**

\$ 450.00

Application Number	10/764,108
Filing Date	January 23, 2004
First Named Inventor	NAMEY
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METHOD OF PAYMENT					FEE CALCULATION (continued)																																																																																																																																																										
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number _____ Deposit Account Name _____					<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s). <table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 fraction thereof</th> <th>Fee(\$)</th> <th>Fee Paid(\$)</th> </tr> </thead> <tbody> <tr> <td>-100 =</td> <td>/50 =</td> <td>(round up to a whole number)</td> <td>X 250 =</td> <td>0.00</td> </tr> </tbody> </table>					Total Sheets	Extra Sheets	Number of each additional 50 fraction thereof	Fee(\$)	Fee Paid(\$)	-100 =	/50 =	(round up to a whole number)	X 250 =	0.00																																																																																																																																												
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3. <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 1.19 and 1.20 <input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18																																																																																																																																																															
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SUBMITTED BY				
Typed or Printed Name	Michael W. Haas			Reg. Number 35,174
Signature		Date December 6, 2005	Deposit Account Number 50-0558	



## Certificate of Mailing by "Express Mail"

EL 997385120 US

"Express Mail" label number

December 6, 2005

Date of Deposit

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and is addressed to:

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Alexandria, VA 22313-1450.

A handwritten signature in black ink that appears to read "Michael W. Haas".

Signature of person mailing correspondence

Michael W. Haas

Typed or printed name of person mailing correspondence

Note: Each paper must have its own certificate of mailing by "Express Mail".